

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

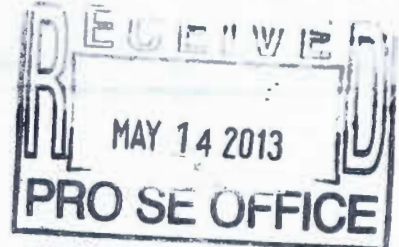
13 CV 3292

HU, YI HUAN

(In the space above enter the full name(s) of the plaintiff(s).)

COMPLAINT

-against-

Jury Trial: ☐ Yes ☐ No
(check one)Police broken my foot in Home
From call 911. Three people come my Home
For Rob. Police Fight me then lock me to
MAJMONIDES medical center ate the psychiatry
medication that moment FOR FIRE MURDER

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name HU, YI HUAN
Street Address 849 41 ST 2F
County, City BROOKLYN
State & Zip Code NEW YORK, 11232
Telephone Number 347-528-2083

- B. List all defendants. You should state the full name of the defendant, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name new York Police
Street Address _____

County, City United States America, Brooklyn
 State & Zip Code New York,
 Telephone Number _____

Defendant No. 2 Name one Black person, white person, chinese by 2/F sent Rob
 Street Address 954 41 St 2/F
 County, City United State America, Brooklyn.
 State & Zip Code New York, 11219
 Telephone Number _____

Defendant No. 3 Name MAIMONIDES MEDICAL CENTER (MURDER)
 Street Address 4802 Tenth AVENUE
 County, City United State America, Brooklyn
 State & Zip Code New York, 11219
 Telephone Number _____

Defendant No. 4 Name _____
 Street Address _____
 County, City _____
 State & Zip Code _____
 Telephone Number _____

II. Basis for Jurisdiction:

Federal courts are courts of limited jurisdiction. Only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case.

A. What is the basis for federal court jurisdiction? (check all that apply)

☒ Federal Questions

☒ Diversity of Citizenship

B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue? _____

Identity Theft and Government Judge made position for me: Hu, Yi HUAN. The position is
MAYOR CASE of police (Queen). Because position theft with my Family property Lost too. Federal never
Protection my Family property moved to people court in the body of in the world that judgement day.

C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Plaintiff(s) state(s) of citizenship COMMANDER to WAR in IRAQ of House WORKED such An Action NO DISTRICT
 Defendant(s) state(s) of citizenship _____

III. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events.

You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. Where did the events giving rise to your claim(s) occur? _____

my position from Bellevue Hospital sent to SUPREME COURT Building of Theft at Identity Theft
I sleeping at Room. Three people come my Home Rob from 954 41 St 2/F. Brooklyn, NY 11219. call 911 in Home.

B. What date and approximate time did the events giving rise to your claim(s) occur? _____

on December, 1999, Theft of my position until WORLD TRADE CENTER Bomb and redaction of Army Forces

to WAR in IRAQ. on APRIL 10, 2009. Three people Rob my disc-disk. The disc-disk for WAR in IRAQ. call police come Home. But police Fight and broken my Foot then sent to Maimonides medical center of psychiatry.

C. Facts: _____

What happened to you?

LAY-off to Labor for my money. You have WAR the money not got come here for LAY-off money. She Fight country IRAQ. He say, one day to store bought Disc disk to watch on the TV. next day morning, she (2/F) sent Three people: one Black, one white, one Chinese come my Home Rob the disc disk that moment I woke up call 911 in Home. police come about 10 to 8 people. They look me ate Food and did not let AT. Fight me, push me Home Gate broken my Foot to sent me to Maimonides medical center that Foot Fall on the Floor must broken Police say. I am Angry for Help Army Forces to WAR in IRAQ then look me FIRE murder and ate psychiatry medicine. after April 29, 2009 leave in Maimonides center.

Who did what?

Was anyone else involved?

April 29, 2009, check Foot in Maimonides. But the medical card can not except. go to other doctor office in YAN Q SUN, M.D. 38-30 PATSONS BLVD # UNIT 1B, FLUSHING, NY, 11354. Tel: 718-521-4206. on MAY 23, 2009, DR YAN Q SUN take out on MAY 05, 2009, call CAR service to 66 precinct report broken Foot. Two police come my Home photograph Foot in Afternoon. BELFAN Tel: 718-482-6770. IAB log# 09-22711. Government the country list me at 11:00. MAY 27, 2009 JUNE 02, 2009, I HIRE ROBERT W. LERNER, ESQ. after He Help or not Help, I do not know.

Who else saw what happened?

IV. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. _____

WAR to IRAQ the unpaid Salary that have not Government of Fight, broken Foot. Tooth, body with Family. Work not Hire in place. Why to work with Army Forces to WAR. LAY-off to LABOR of the Benefit money. This is money for DEBT of LABOR by wrong NAME for me. Look my Income TAX Refund in this year by LABOR Get. not my NAME the money. Got my Income TAX Refund. How to count my NAME RETIREMENT.

WAR in IRAQ the property to used. which magistrate Judge look forbid the property move to person body carry. which my property for my body carry in my body Equality. People carry property Fight me by used property always. I am not direct you come first and got second AWARD in congress of IRAQ then your Husband got first AWARD in congress in IRAQ. so direct people come my Home broken Foot. you know position.

Rev. 05/2010

who got. nothing to do. I easy got money.

V. Relief:

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation.

Identity Theft my position to MURDER my brother wife, my sister the Husband die too, He die name is LIAO, HUA C. die DAY: JUNE 22, 2010 in 4802 TENTH AVENUE, BROOKLYN, NEW YORK 11219. MAIMONIDES MEDICAL CENTER.

Identity Theft position of replace Family for ABBREVIATE NAME die such NOT FAIR PERSON of Judge and EVENT brought in the Judicial district such compensation for him OR she of Family. Also, Family need SHOE, NOT money.

Government OR country can not ABBREVIATE the NAME. NAME of number. look He die the NAME of the Judge. people. congress. UNITED NATION. white House of UNPITE from Fair person by property.

Government OR COUNTRY ASKS HE to WORK. what kind job for LIAO, HUA C of CHIRMAN Peter NG (李公金). Mr CHAN (landlord). Mr Lee (police Head Gufter). Judge of secretary (苏. A. 雅). UNITED STATES KINGDOM (余. A. 雅). vitor. 招明 Judge 招明. 招明. He die Before Say.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 10 day of MAY, 2013.

Signature of Plaintiff Hu. 71 HUAN
 Mailing Address 849 41 STREET 2 FLOOR
BROOKLYN, NEW YORK 11232
 Telephone Number 347-528-2083
 Fax Number (if you have one) _____

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint. Prisoners must also provide their inmate numbers, present place of confinement, and address.

For Prisoners:

I declare under penalty of perjury that on this _____ day of _____, 20__, I am delivering this complaint to prison authorities to be mailed to the Pro Se Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff: _____
 Inmate Number _____